



VETERINARY FOOD-ANIMAL DRUG RETAILER EXEMPTION CERTIFICATE

Veterinary food-animal drug retailers (vet retailers) may distribute and label legend drugs or drugs for extra-label use prescribed by a veterinarian for use on food-animals. A vet retailer's premises must be supervised by a registered pharmacist or a specially qualified individual approved by the board who holds a current EXEMPTION CERTIFICATE (called a vet retailer exemptee). A vet retailer may not operate unless the pharmacist or vet retailer exemptee is physically present on the licensed premises. To ensure proper control at all times, the board recommends that there be more than one person approved to supervise operations. In addition, every vet retailer must designate a pharmacist or vet retailer exemptee as the exemptee-in-charge of the site.

Only a vet retailer exemptee or pharmacist may label the drugs that: (1) have been prescribed by a veterinarian, and (2) will be shipped to the veterinarian's client for use on food-animals. If the sole qualifying vet retailer exemptee or pharmacist leaves the employ of the vet retailer, the vet retailer must cease operations (and cannot perform labeling or shipping duties) until another pharmacist or vet retailer exemptee is employed and present.

Individuals employed by a manufacturer, vet retailer, or wholesaler may qualify to become vet retailer exemptees on the basis of specific education, training, and experience in areas covering the essential knowledge necessary to oversee operations of a vet retailer and to read, label and dispense vet food-animal drugs.

In order to obtain and maintain an exemption certificate, pursuant to Section 4053(b) of the Business and Professions Code, the individual must meet the following requirements.

- (1) He or she shall be a high school graduate or possess a general education development equivalent.
- (2) He or she shall have a minimum of one year of paid work experience related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.
- (3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:
 - (A) Knowledge and understanding of state and federal law relating to the distribution of dangerous drugs and dangerous devices.
 - (B) Knowledge and understanding of state and federal law relating to the distribution of controlled substances.
 - (C) Knowledge and understanding of quality control systems.
 - (D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.
 - (E) Knowledge and understanding of prescription terminology, abbreviations, dosages and format.

In addition to the training required in 4053(b)(3), Section 1780.1 of Title 16 of the California Code of Regulations requires exemptees for vet retailers to have **either** a course of training that includes at least 240 hours of theoretical and practical instruction, provided that at least 40 hours are theoretical instruction stressing:

- Knowledge and understanding of the importance and obligations relative to drug use on food-animals and residue hazards to consumers.
- Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
- Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
- Understanding of cautionary statements and withdrawal times.
- Knowledge and understanding of information contained in package inserts.

or

- Possess a registration as a registered veterinary technician with the California Veterinary Medical Board
- Be eligible to take the State Board of Pharmacy's pharmacist licensure exam or the Veterinary Medical Board's veterinarian licensure examination
- Worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises working under the direct supervision of a vet retailer exemptee. Part of the 1,500 hours of work experience shall include knowledge and understanding of information contained in package inserts. A vet retailer exemptee who vouches for the qualifying experience earned by an applicant for registration must do so under penalty of perjury.

INSTRUCTIONS FOR FILING AN APPLICATION

If this is the first time you have applied for a veterinary food-animal drug retailer exemption certificate, the application must contain the following:

- [] 1. Non-refundable application processing fee of \$100.
- [] 2. Completed Application for Exemption Certificate (17A-67) with your photograph attached.
- [] 3. Documents describing training and/or experience:
 - Training and/or Experience Affidavit (17A-64), **OR**
 - Exemptee Experience Affidavit (17A-66)
- [] 4. A copy of Request for Live Scan Service Form verifying that your fingerprints have been scanned and all applicable fees paid. (See instruction below under fingerprint requirements.)

If you would like notification that the board has received your application, please submit a stamped postcard addressed to yourself.

When you receive notification that your application has been approved, the \$150 initial certificate fee must be submitted.

Fingerprint Requirements

California Residents

The board will only accept Live Scan Service Forms from California residents.

Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a "Request for Live Scan Service" form. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice website at <http://ag.ca.gov/fingerprints/publications/contact.htm> or the sources listed on the bottom of the instructions for completing a "Request for Live Scan Service" form.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

Non California Residents

If an owner, partner, corporate officer, major shareholder or director reside out of state they must submit rolled fingerprints on cards provided by the board and include a separate fee of \$42 (\$32 California Department of Justice (DOJ) processing fee and \$10 DOJ expedite fee). (Live Scan processing fees are paid directly at the Live Scan site.) You may contact the board to request fingerprint cards at (916) 574-7900. You may also request cards on our website at www.pharmacy.ca.gov.

Fingerprints submitted on cards should be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks (live scan is faster). Poor quality prints may result in rejection and will substantially delay licensing as additional fingerprint cards will be required from you for processing.

The board will only accept fingerprint cards from residents outside of California.

**California State Board of Pharmacy**

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

DESIGNATED REPRESENTATIVE* VETERINARY FOOD-ANIMAL DRUG RETAILER

All items in this application are mandatory; none are voluntary. Failure to provide any of the information will delay the processing of your application. The information provided will be used to determine your qualifications for a certificate of exemption pursuant to section 4053 of the California Business and Professions Code and section 1780.1 of the California Code of Regulations, which authorize collection of this information. The information on your application may be transferred to other licensing authorities, or other governmental or law enforcement agencies. You have the right to review your application, subject to the provisions of the Information Practices Act. The contact person regarding this information is the executive officer of the Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, telephone (916) 574-7900.

Please print or type

Name of Applicant:		Last	First	Middle	Former
*Address of Record:		Number and Street		City	State Zip Code
Home phone number: ()	Date of birth:	Social Security Number* * :			TAPE A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION NO POLAROID OR SCANNED IMAGES
Have you previously applied for a designated representative license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list application date(s) _____					
Name of high school attended _____ Location (city & state) _____ Graduated from high school yes _____ date _____ or GED _____ date _____ Name that appears on diploma or GED certificate _____					

* Once you are licensed with the board the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet upon licensure. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is a box number you must also provide your residence address as an alternate address that will not be available to the public.

**Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, or for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

For Office Use Only		
F/P clear _____	Approved _____	Cashier no _____
Photo _____	Denied _____	Date _____
Exp Aff _____	Date _____	Amount _____
Training _____		

To apply for registration as a veterinary food-animal drug retailer designated representative, an individual must possess specific education and experience. Please indicate the method by which you qualify:

Experience:

- ☐ Registration with the California Veterinary Medical Board as a registered veterinary technician (attach photocopy of registration).

Name Permit #

- ☐ Eligibility to take the California State Board of Pharmacy's pharmacist licensure exam.

Name Date of last application for exam

- ☐ Eligibility to take the Veterinary Exam

Name Date of last application for exam

- ☐ Worked at least 1,500 hours within the last three years at a veterinary food-animal drug retailer's premises under the direct supervision of a vet retailer designated representative.

OR

Education:

- ☐ Completion of a specific training course of 240 hours as required by California Code of Regulations 1780.1(m)(1). (Please attach certified copy of completion certificate.)

Title of course _____ Completion date _____

If previously employed as a veterinary food-animal drug retailer designated representative, list the company or companies, dates employed, and location(s).

Name of employer	Dates employed
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Address	City	State	Zip Code
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Name of employer	Dates employed
------------------	----------------

Address	City	State	Zip Code
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Name of employer	Dates employed
------------------	----------------

Address	City	State	Zip Code
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CHECK APPROPRIATE BOX ON EACH OF THE FOLLOWING ITEMS

If the answer to any of these questions is "Yes," you must attach a written explanation giving full details for each affirmative response you have. Failure to provide a complete explanation will delay the processing of your application.

	Yes	No
1. Are you or have you ever been registered as a pharmacist in any other state or country?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," where? _____		
Date of registration _____ License status _____		
2. Have you had a pharmacy permit, or any professional or vocational license or registration denied, suspended, revoked, placed on probation or had other disciplinary action taken by this or any other governmental authority in California or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently or have you previously been associated in business with any person, partnership, corporation or other entity, or shared a financial or community property interest with any person whose pharmacy permit, or any professional or vocational license was denied, suspended, revoked or placed on probation or other disciplinary action taken, by this or any other governmental authority in California or any other state?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local ordinances? You must include all convictions, regardless of the age of the conviction, including those, which have been set-aside under section 1203.4 of the Penal Code. Traffic violations of \$500 or less need not be reported. Please include the type, date, circumstances, and location of your offense, the penalty received and, if probation was involved, whether it has been successfully completed.	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you currently engage in, or have you been engaged in the past two years, in the illegal use of controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.		

6. Have you changed your name?	<input type="checkbox"/>	<input type="checkbox"/>
Former Name: _____ When: _____		

Certification of Designated Representative - Please read carefully and sign below

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the designated representative license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions attached to this application.

Applicant signature: (in full, no initials)	Date:
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***Note:** Under California law, the name used to describe any individual who is in charge of any wholesale drug premises (in California or elsewhere) will change on January 1, 2006, from the former name, *exemptee*, to *designated representative*. For conventional use, the board will refer to such an individual as a *designated representative* throughout this application.



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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

VETERINARY FOOD-ANIMAL DRUG RETAILER EXEMPTEE EXPERIENCE AFFIDAVIT

TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Telephone Number ()	
Residence Address	Street and Number	City	State	Zip Code
Name of current veterinary food-animal drug retailer:			California license number:	
Address of current veterinary food-animal drug retailer:				
Supervisor having direct knowledge of applicant's experience			California license number	

TO BE COMPLETED BY THE SUPERVISOR HAVING DIRECT KNOWLEDGE OF APPLICANT'S TRAINING AND/ OR
EXPERIENCE (please print or type)

_____ is applying for registration as a Veterinary Food-Animal Drug Retailer
(Name of applicant)

Exemptee in California and has completed at least 1,500 hours in the last three years working under my supervision in a vet retailer premises. This individual and has gained the knowledge, skills and abilities listed in California Code of Regulations section 1780.1(m)(1)(A-E).

I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience gained by this applicant has been predominantly related to the knowledge, skills and abilities required by California law.

Signature of Supervisor having direct knowledge of applicant's experience

Date

Print Name

Title

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TRAINING and/or EXPERIENCE AFFIDAVIT FOR VETERINARY FOOD-ANIMAL DRUG RETAILER EXEMPTION CERTIFICATE

TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Telephone Number ()	
Residence Address	Street and Number	City	State	Zip Code
Name of current veterinary food-animal drug retailer:			California license number:	
Address of current veterinary food-animal drug retailer:				
Supervisor having direct knowledge of applicant's experience:			California license number:	

TO BE COMPLETED BY THE SUPERVISOR HAVING DIRECT KNOWLEDGE OF APPLICANT'S TRAINING AND/ OR EXPERIENCE (please print or type)

The above individual is applying for registration as a Veterinary Food-Animal Drug Retailer Exemptee in California. This applicant has completed a training program of at least 240 hours, including both:

- THEORETICAL TRAINING of at least 40 hours stressing:
 - (A) Knowledge and understanding of the importance and obligations relative to drug use on food animals and residue hazards to consumers.
 - (B) Knowledge and understanding of state and federal law regarding dispensing of drugs, including those prescribed by a veterinarian.
 - (C) Knowledge and understanding of prescription terminology, abbreviations, dosages and format, particularly for drugs prescribed by a veterinarian.
 - (D) Understanding of cautionary statements and withdrawal times.
 - (E) Knowledge and understanding of information contained in package inserts.

Theoretical Training completed by: _____
Name of individual providing training (please print)

AND

- PRACTICAL TRAINING of _____ hours under my supervision to gain the essential knowledge necessary to properly read, fill, label and dispense veterinary food-animal drug prescriptions (the total hours, in combination with the minimum of 40 hours of theoretical training, must total at least 240 hours).

I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience gained by this applicant has been predominantly related to the knowledge, skills and abilities required by California law.

Signature of Supervisor having direct knowledge of applicant's experience

Date

Print Name

Title



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STATE AND CONSUMER SERVICES AGENCY
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A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act ("ADA") covers "public entities." The Board of Pharmacy is a "public entity" covered by the ADA. Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA.

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: (1) has a physical or mental impairment that substantially limits a "major life activity," (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the California exemptee examination. The board will not deny a qualified person with a disability admission to the exemptee examination simply because the person has a disability. While the board is not required to take actions that fundamentally alter the nature of the examination, the board will take other reasonable actions to ensure that individuals with disabilities may take the examination.

The board will make reasonable modifications to its policies, practices and procedures in order to accommodate individuals with disabilities. The board will furnish auxiliary aids and services when necessary to ensure effective communication, unless a fundamental alteration in the examination would result. The board will not charge individuals with disabilities for the costs of these measures.

The board cannot provide reasonable accommodations to an examination applicant with a disability if the board is unaware of an individual's need. An applicant who needs an accommodation to take the board's examination must advise the board by the deadline for filing the exam application. This notification must include sufficient documentation to enable the board to determine the need for and the appropriateness of the accommodation requested.

The board will not require an individual with a disability to accept a special accommodation if the individual chooses not to accept it.

QUESTIONS?

Questions regarding reasonable accommodation to take the California exemptee examination should be addressed to Virginia Herold, Assistant Executive Officer, at (916) 574-7900.

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.htm> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$24, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs.

The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

()

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.		Mail Code (five digit code assigned by DOJ)
Street or PO Box		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency	ATI No.	Amount Collected/Billed
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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.		Mail Code (five digit code assigned by DOJ)
Street or PO Box		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency	ATI No.	Amount Collected/Billed
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